

The Burden Report: Cardiovascular Disease & Stroke in Texas

Report Evaluation Form

Texas Department of State Health Services

The Cardiovascular Health and Wellness (CHW) Program is conducting a survey to evaluate usefulness of the Cardiovascular Disease & Stroke Burden Report which can be accessed at: <http://www.dshs.state.tx.us/wellness/PDF/burdenrpt.pdf>

The Burden Report represents a primary source of cardiovascular disease (CVD) and stroke data for the State of Texas. There are three parts to this survey:

1. Overall demographic information about your organization.
2. Your awareness or use of The Burden Report.
3. More specific questions to gather information about the usefulness of the data report itself.

Your responses will remain confidential. It is important to provide a response to all the questions for data quality and completeness. The results will be used to improve the information we provide to our partners and others concerned about CVD and Stroke prevention and control. If you have any questions about this survey, please contact Velma Ortega by email at velma.ortega@dshs.state.tx.us or phone at 512-458-7111 ext. 6702.

Thank you very much for taking the time to answer these questions. If you would prefer to submit a hard copy of the Survey, mail to:

Department of State Health Services
Cardiovascular Health and Wellness Program - MC1945
Attn: Velma Ortega
P.O. Box 149347
Austin, TX 78714-9347

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Respondent Information

If there is an asterisk "*" at the beginning of the question, it means an answer is required in order to move forward.

* 1. What type of organization do you work for?

- ☐ Health Care
- ☐ College/University
- ☐ Private Industry
- ☐ Advocacy/Volunteer
- ☐ Public Health Agency
- ☐ City/State/Federal Agency (other than Public Health)
- ☐ Community Organization (Non-profit)

Other (please specify)

* 2. What is your position in the organization?

- ☐ Administrator/Director
- ☐ Legislator
- ☐ Faculty/Teacher
- ☐ Medical/Health Care Provider
- ☐ Program Representative/Staff
- ☐ Researcher/Evaluator

Other (please specify)

* 3. Where is the location of the organization you work for?

City

State

* 4. What percentage of your work responsibilities relate to cardiovascular disease prevention and control?

- ☐ None
- ☐ Less than 25%
- ☐ 25% to 49%
- ☐ 50% to 74%
- ☐ 75% or More

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* 5. What percentage of your work responsibilities relate to stroke prevention and control?

☐ None

☐ Less than 25%

☐ 25% to 49%

☐ 50% to 74%

☐ 75% or More

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Awareness and Use of the Burden Report

* 6. For how long have you been aware of the online Burden Report on the Cardiovascular Health & Wellness website?

☐ Was not aware

☐ Within the last month

☐ 1 - 6 months

☐ Over 6 months

* 7. How many times have you used The Burden Report in the last twelve months?

☐ None

☐ 1-2 times

☐ More than 2 times

* 8. Have you used the information in this report in your work?

☐ Yes

☐ No

If no, why not?

9. If you answered YES to question 8 for what purposes did you use The Burden Report? (Check all that apply)

☐ Program Planning

☐ Evaluation

☐ Grant Application

☐ Oral or Poster Presentation

☐ Newsletter Article

☐ Policy Development

☐ Research

☐ Reference Material for another report

☐ Brochure or Fact Sheet

☐ Media

If you used The Burden Report for program planning, how was it used?

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* 10. How did you first learn about The Burden Report? (Please check the one response that best applies)

- ☐ A hard copy was sent to me
- ☐ Someone told me about it or shared it with me
- ☐ Read about it on a listerv
- ☐ Browsing the Department of State Health Services website
- ☐ Conducting an internet search

Other (please specify)

* 11. Which section of The Burden Report did you find most useful? (Check all that apply)

- ☐ Executive Summary
- ☐ Introduction
- ☐ Demographics
- ☐ Mortality Data
- ☐ Prevalence Data
- ☐ Hospital Discharge Data
- ☐ Medical Claims Data
- ☐ Access to CVD Care and Quality of Life
- ☐ Signs and Symptoms Recognition
- ☐ CVD Risk Factors
- ☐ Emergency Medical Services Response (EMS) Time Data
- ☐ Appendices, Technical Notes, and References
- ☐ None of the above

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* 12. Which of the Cardiovascular Disease Risk Factor sections did you use? (Check all that apply)

- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Diabetes
- ☐ Tobacco Use
- ☐ Overweight and Obesity
- ☐ Physical Activity
- ☐ Fruits and Vegetables Consumption
- ☐ Multiple Risk Factors
- ☐ Youth Risk Behavior Survey
- ☐ None of the above

* 13. Is there additional cardiovascular disease or stroke information you would like to see included in future reports?

☐ Yes

☐ No

Please explain

* 14. Is there additional cost information you would like to see included in future reports?

☐ Yes

☐ No

Please explain

15. Please provide any additional comments about the topics covered in The Burden Report and how it could be improved.

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Perceived Usefulness

* 16. Please read each statement and indicate your level of agreement/disagreement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The Burden Report is useful for estimates of the magnitude of CVD/Stroke morbidity, mortality, risk factors and cost.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The Burden Report is useful to detect changes in the occurrence of CVD/Stroke.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The Burden Report helps to stimulate research intended to lead to heart disease and stroke prevention or control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The Burden Report contributes to my work in the prevention and control of CVD/Stroke in Texas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The Burden Report improves my understanding of the public health implications of CVD/Stroke in Texas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The Burden Report provides accurate, complete and timely information on CVD/Stroke in Texas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The Burden Report provides useful information on social and demographic determinants of CVD/Stroke in Texas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The Burden Report provides useful information on CVD/Stroke disparities in Texas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Geographic information on CVD/Stroke and risk factors is useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Please provide any additional comments regarding the usefulness of The Burden Report and how it could be improved.

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Design and Format

* 18. Does the Burden Report meet the following criteria?

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The Burden Report is easy to access.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The information in The Burden Report is easy to download and print.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The layout of The Burden Report is organized well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The data and text presented in the graphs and charts in The Burden Report are appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

19. Which of the following additional cardiovascular disease reporting formats would be helpful to you? (Check all that apply)

- ☐ One-page fact sheets
- ☐ Issue briefs or summary reports
- ☐ Regional Maps
- ☐ Major topic areas as independent papers
- ☐ Interactive Web site where you can query specific data reports

Other (please specify)

20. Please provide any additional comments regarding the design and format of The Burden Report or suggest changes to improve the report.

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Texas Heart Disease and Stroke Prevention System Partnership (THDSPS)

THDSPS is a network of partners from across the state representing state and local public and private health care, university, non-profit, business and community sectors. The Partnership will work in coordination with the Texas Council on Cardiovascular Disease and Stroke to plan, implement and evaluate heart disease and stroke prevention programs and policies within the state.

21. Did you attend one of the Texas Heart Disease and Stroke Prevention System Partnership Summits in Austin in November 2006, May 2007, October 2007 or May 2008?

☐ Yes

☐ No

Would you like to be notified about future Partnership Meetings?

☐ Yes

☐ No

If yes, please provide your name, phone number and email address and we will include you in future announcements about Partnership meetings.

Name:

Email Address:

Phone Number:

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Thank you very much for taking the time to answer these questions.